

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X 678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ient Name	11	1	Telephone Number	Date of Inspection (mm/dd/yr)		PERMIT#		
7 <i> </i>	ne le	110	w Cactus	812-903-0313		•	19-		
Establishment Address (number and street, city, state, zip code)					- 15/	12-17-	20	1	
3602 Paoli Pike (Suik 4) Floyds, IN 4719					502-558-1648	' ' '		324	
Owner			-	Purpose:	Follow-u		se Date		
M	۲ مانی	L	Hilario Mora						
Owner's Address					1. Routine	7- 1700(-7-			
OwnersA	uui ess			2. Follow-up	Summary of Violations:				
				3. Complaint					
Person in (Charge 1	1.		4. Pre-Operational	$ C \sim C $				
	/\	<u> 1a</u>	nuel Mora	5. Temporary			^_		
Responsibl	le Person's	E-ma	il		Menu Type (See back of page)		of page)		
				6. HACCP					
Certified Food Manager					7. Other (list)	1 2 3 4 1/5			
Moi	ses	M.	ran 5-19-2						
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"									
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"									
Section#	C/NC	R		Narrative			To Be Co	orrected By	
291					C. t has	1			
1101	10 4001 3711/3 41 -01.						week		
431	31 NC Observed puddle schind hot water heater						today		
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Received by			. /		Inspected by (name and title pr	rinted):		,	
$ \mathcal{V} \mathcal{U}$	Manuel Moran Thomas Snider, EHS								
Received by):	1	Inspected by (signature):	- /	7			
1 Martin									
	174	w		Janna		<u> </u>			
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